

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005232

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 33

Primary Registration District No. 3006

Registrar's No. 133

FILED FEB 28 1963

VS 300
Rev. 4/59

10109
39301

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1292-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Clair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b D.O.A.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Univ. of Mo. Med. Center		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS Route 3		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First William Middle O'Banion Last O'Banion		4. DATE OF DEATH Month Feb. Day 23 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-20-73
9. AGE (last birthday) 89		IF UNDER 1 YEAR Months 89 Days 89 Hours 89 Min. 89	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and state or country) Lebanon, Indiana		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John O'Banion		13b. MOTHER'S MAIDEN NAME Sarah Bradley	
14. NAME OF HUSBAND OR WIFE University of Mo. Medical Records		Address	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of) No		16. SOCIAL SECURITY NO. University of Mo. Medical Records	
17. INFORMANT University of Mo. Medical Records		Address	
18. CAUSE OF DEATH (Enter only one cause per) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) STATUS ASTHMATICUS		INTERVAL BETWEEN ONSET AND DEATH 10 min.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) BRONCHIAL ASTHMA		DUE TO (c) SEV. yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 12:30 A Month, Day, Year 12-30-62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Coroner's Case		20f. CITY, TOWN, OR LOCATION Columbia, Mo.	
21. I attended the deceased from Coroner's Case and last saw her alive on 12-30-62 m on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE Richard E. Johnson, M.D.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 2-23-63	
23c. NAME OF CEMETERY OR CREMATORY Osceola Cemetery		23d. LOCATION (City, town, or county) (State) Osceola Mo.	
24. FUNERAL DIRECTOR Goodrich Funeral Home, Osceola, Mo.		25. DATE RECD. BY LOCAL REG. Feb 23 1963	
26. REGISTRAR'S SIGNATURE Mrs R E Palmer		27. DATE SIGNED 2-23-63	

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Harold Sparks Student Embalmer No. 688
working under my personal supervision.

Student

Harold A. Sparks
Signature of Student Embalmer

Signed

J. W. Phillips
Licensed Embalmer No. 4897

P. O. Address

Columbus

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.